

Correspondence

The interrelationship of the general practitioner and the venereologist

(Based on paper read at the Oxford Regional Venereology Clinical Meeting at Oxford, 5 October 1976)

TO THE EDITOR, *British Journal of Venereal Diseases*

Sir,
Patients attending a venereal disease clinic have direct access and do not necessarily have a general practitioner's (GP) referral. Thus a GP with 2000 patients may be unaware that three of his patients are likely to contract gonorrhoea, four a non-specific genital infection, and that there is only a one-in-nine chance of one patient contracting syphilis in a year. At Windsor 2% of cases of gonorrhoea in men and 54% of cases in women attend as a result of contact action. There has been a steady increase in cases of gonorrhoea in women although the incidence in men has not varied for 10 years. Male: female ratio was 4.3:1 in 1964-66 and 1.6:1 in 1973-75. It is worth considering if there is any aspect of a GP's work that might be relevant in detecting asymptomatic cases of sexually transmitted disease. An analysis of my own practice with a list of 3000 patients showed that 104 vaginal examinations were done in 26 weeks. Forty-one cases presented with symptoms of possible infection, but as their average age was 30.4 years it was concluded that they formed a different group compared with the clinic patients for whom the average age was 23.5 years. From the whole group 15 cases of candidosis and four cases (including one with treatment failure) of trichomoniasis were found.

Tables 1 and 2 show the number of cases referred by GPs to the Windsor clinic in 1975. Also shown is the theoretical referral rate of a group practice of 15 000 patients compared with the actual referrals from a Maidenhead practice (7 miles away) for a five-year period. This suggests that GPs send all the cases of primary syphilis they see, but that at least 30% of cases of urethral discharge in men present first to their GP. The Maidenhead practice shows a discrepancy between male and female referrals and the doctors concerned admitted treating some cases of men with warts or candidosis. Possibly a few cases diagnosed as prostatitis or cystitis could

Table 1 *New cases at Special Clinic, Windsor, 1975*

Disease	No. attending clinic		No. referred by GP	
	Men	Women	Men	Women
Syphilis				
Primary and secondary	3	1	3	0
Other	3	2	0	0
Gonorrhoea	100	57	29	10
Lymphogranuloma venereum	—	—	—	—
Non-specific genital infection	299	103	90	7
Trichomoniasis	1	35	0	5
Candidiasis	42	104	16	11
Scabies	10	1	3	0
Pubic lice	9	5	0	0
Herpes	21	9	3	4
Warts	49	29	24	15
Molluscum contagiosum	2	0	0	0
Other conditions	275	107	55	10
Total	814	453	223	62
Percentage			27.5	14

have been urethritis. There was a marked shortfall in the referral of 'other' (non-venereal) disease conditions. Using this method of recording GP referrals a profile could be made that could help to assess the incidence of referrals and possible GP treatment in an area covered by a clinic. GPs treat the other sexually transmitted diseases in variable proportions. If my practice figures are projected to a population of 100 000 people this gives an incidence of 1000 cases of candidosis and 200 cases of trichomoniasis in women each year. Referral of these cases would swamp the clinics. Thus there is a need for the GP when treating these other conditions to be aware of the more serious conditions such as syphilis and gonorrhoea and to refer them for treatment. In America where four-fifths of venereal

disease is treated outside the clinics the incidence of syphilis is reported to be four times and that of gonorrhoea three times the UK rate.

There is little evidence to suggest that the routine work of the GP can contribute further to the detection of asymptomatic gonorrhoea or syphilis. Contact tracing by the clinics remains the most important source. Contact between GPs and venereologists at postgraduate meetings could do much to improve the knowledge each has of the other to the benefit of the patient.

Yours faithfully,
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Table 2 *Estimated and actual referrals to Windsor Clinic from a practice in Maidenhead of 15 000 patients, 1971-75*

Disease	Estimated		Actual	
	Men	Women	Men	Women
Syphilis				
Primary and secondary	1	0	2	0
Other	—	—	—	—
Gonorrhoea	10	4	5	6
Lymphogranuloma venereum	0	0	1	0
Non-specific genital infection	34	3	22	2
Trichomoniasis	0	2	0	3
Candidiasis	6	4	0	2
Scabies	—	—	—	—
Pubic lice	—	—	—	—
Herpes	1	1	1	0
Warts	9	5	1	1
Molluscum contagiosum	—	—	—	—
Other conditions	20	4	3	2
Total	81	23	35	16
Percentage			43	70